United States Bankruptcy Court for the: Eastern District of Michigan						
20						

FILED '19 MAR 25 ~2:00

☐ Check if this is an amended filing

12/15

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your ass Value of v	sets what you own
. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
1a. Copy line 55, Total real estate, from Schedule AVB		
1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,250.00
1c. Copy line 63, Total of all property on Schedule A/B	\$	3,250.00
Part 2: Summarize Your Liabilities		
	Your lia	ibilities you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	16,687.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$	0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$_	43,409.10
Your total liabilities	\$	60,096.10
Part 3: Summarize Your Income and Expenses		
4. Schedule I: Your Income (Official Form 106I)	\$	2,172.88
Copy your combined monthly income from line 12 of Schedule I	<b>*</b>	
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	œ	2,869.00

Debtor 1

Morgan	Lynne Bennet	t	
First Name	Middle Name	Last Name	

Case number (if known) 19-43453

P	art 4: Answer These Questions for Administrative and Statistical Records	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of Yes	her schedules.
<b>7</b> .	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a perfamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	rsonal,
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box this form to the court with your other schedules.	and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$3,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	s0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$

Fill in this information to identify your case and this	filing		
Fill In this information to identify your case and this	ming.		
Debtor 1 Morgan Lynne Bennett First Name Middle Name	Last Name		
Debtor 2			
(Spouse, if filing) First Name Middle Name	Last Namo		
United States Bankruptcy Court for the: Eastern District of M	lichigan		
Case number 19-43453	<del></del>	. 🗖	Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Property	V.		12/15
In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If mowrite your name and case number (if known). Answers Part 1: Describe Each Residence, Building,	te and accurate as possible. If two married people pre space is needed, attach a separate sheet to thi	are filing together, bo is form. On the top of a	th are equally
1. Do you own or have any legal or equitable interes	it in any residence, building, land, or similar prop	erty r	
☑ No. Go to Part 2. ☐ Yes, Where is the property?			
_ (co. c	What is the property? Check all that apply.	Do not deduct secured cla	tims or exemptions. Put
1.1.	☐ Single-family home ☐ Duplex or multi-unit building	the amount of any secure Creditors Who Have Claim	
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	☐ Land ☐ Investment property	\$	\$
700.4	Timeshare	Describe the nature of	
City State ZIP Code	☐ Other	interest (such as fee the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	☐ At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it property identification number:	em, such as local	
If you own or have more than one, list here:	property identification fulliber.		
II you own or have more than one, her here.	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
	Single-family home	the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.
1.2. Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land	\$	\$
	☐ Investment property ☐ Timeshare	Describe the nature	
City State ZIP Code	Other	interest (such as fee the entireties, or a lif	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	ommunity property
	At least one of the debtors and another	(see instructions)	broberty
	Other information you wish to add about this its property identification number:	em, such as local	

Debtor 1 Morgan Lynne Bennett First Name Middle Name Last Name			Case number (# fo	nown) 19-43453	
1.3.	Street address, if available	, or other description	What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the	d claims on Schedule D: ns Secured by Property.
	City	State ZIP Code	Manufactured or mobile home Land Investment property Timeshare	entire property?  \$  Describe the nature of interest (such as fee	
	County		<ul> <li>□ Other</li></ul>	the entireties, or a life  Check if this is co	e estate), if known.
			Other information you wish to add about this ite property identification number:		
you n	Describe Your V		iere.		
cu own	that someone else drive vans, trucks, tractors,	s. If you lease a vehicle	st in any vehicles, whether they are registered or a e, also report it on <i>Schedule G: Executory Contracts</i> a , motorcycles	not? Include any vehicle and Unexpired Leases.	S
3.1.	Make: Model: Year: Approximate mileage:	Chevy Malibu 2013 55000	Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D:
	Other information:		☐ Check if this is community property (see instructions)	\$2,500.00	\$ 16,000.00
If you	own or have more than  Make:  Model:  Year:	one, describe here:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured ci the amount of any secure Creditors Who Have Clai Current value of the	ed claims on Schedule D: ms Secured by Property. Current value of the
	Approximate mileage: Other information:		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	entire property?	portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

2,500.00

Check if this is community property (see

Last Name

Case number (if known) 19-43453

	-	

# Part 3: Describe Your Personal and Household Items

Do	you own or have any le	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
<b>3</b> . i	Household goods and	furnishings	
	Examples: Major applian	ces, furniture, linens, china, kitchenware	
	□ No		
	Yes. Describe	furniture	\$250.00
7.	Electronics		!
	Examples: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games	
	No No		\$ 250.00
	Yes. Describe	televisions and cell phones	\$
	Collectibles of value		
	stamp, coin,	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	
	No Yes. Describe		\$
	Equipment for sports a Examples: Sports, photo and kayaks;	nd hobbles graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
	☑ No		
	Yes. Describe		\$
	Firearms  Examples: Pistols, rifles  No Yes. Describe	shotguns, ammunition, and related equipment	\$
	Clothes		
		thes, furs, leather coats, designer wear, shoes, accessories	
	No Yes. Describe	everyday clothes	\$250.00
12.	Jeweiry Examples: Everyday jev gold, silver  ☑ No ☑ Yes. Describe	relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	<b>\$</b>
13.	Non-farm animals  Examples: Dogs, cats, b		
	No Yes. Describe		\$
14.	Any other personal an	d household items you did not already list, including any health aids you did not list	
	☑ No		
	Yes. Give specific information		\$
15	Add the dollar value o	fall of your entries from Part 3, including any entries for pages you have attached	\$ 750.00
	for Part 3. Write that n	umber here	→

Case number (if known) 19-434
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### Part 4: Describe Your Financial Assets

Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. Cash	have in your unliet in your bonne	ne, in a safe deposit box, and on hand when you file your pe	atition
	nave in your waner, in your non	ie, iii a sale deposit box, and off hard when you lie your pe	
☑ No			¢ 0.00
<b>□</b> Yes		Cash:	\$\$
17. Deposits of money Examples: Checking, and other s	savings, or other financial accou similar institutions. If you have m	ints; certificates of deposit; shares in credit unions, brokeraç ultiple accounts with the same institution, list each.	ge houses,
□ No			
☑ Yes		Institution name:	
	17.1. Checking account:	Chase Bank	<u> </u>
	17.2. Checking account:		\$
	17.3. Savings account:	Chase Bank	\$\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		<u> </u>
	17.7. Other financial account:		\$
	17.8. Other financial account:		\$
	17.9. Other financial account:		\$
18. Bonds, mutual funds	, or publicly traded stocks		
· · · · · · · · · · · · · · · · · · ·	, investment accounts with brok	erage firms, money market accounts	
☑ No ☐ Yes	Institution or issuer name:		
165	magazion or issuer name.		e
			\$
		<del></del>	· · · · · · · · · · · · · · · · · · ·
19. Non-publicly traded an LLC, partnership,		rated and unincorporated businesses, including an inte	erest in
☑ No	Name of entity:	% of own	ership:
☐ Yes. Give specific		0%	% \$
information about them		0%	% \$

Debtor 1 Morgan L	ynne Bennett  Middle Name L	Case number (if known) 19-43453	
Negotiable instrumen	ts include personal chec	er negotiable and non-negotiable instruments cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.	
☑ No ☐ Yes. Give specific	lssuer name:		
information about			\$
			\$
			\$
21. Retirement or pensi  Examples: Interests in		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
Yes. List each	t. Tuno of account	Institution name:	
account separate	ly. Type of account:		s 4,000.00
	401(k) or similar plan:	401k	\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		\$
22. Security deposits at Your share of all unu	sed deposits you have r	nade so that you may continue service or use from a company	
Examples: Agreemer companies, or others		id rent, public utilities (electric, gas, water), telecommunications	
No No			
☐ Yes	In	stitution name or individual:	
	Electric: _		\$
	Gas: _		\$
	Heating oil:	Data de Dura esta Managament	\$800.00
	Security deposit on re	ental unit: Detroit Property Management	\$
	Prepaid rent:		\$
	Telephone: _		\$
	Water: _		\$
	Rented furniture: _		\$
	Other: _		\$
23. Annuities (A contrac		t of money to you, either for life or for a number of years)	<del></del>

No No

Yes..... Issuer name and description:

about them, including whether you already filed the returns and the tax years	
At Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.  26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  27 No  Yes	
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).    Yes	
S   S   S   S   S   S   S   S   S   S	
exercisable for your benefit    No   Yes. Give specific information about them   \$	
exarcisable for your benefit    No	
exercisable for your benefit    No	
exarc/stable for your benefit    No	
Yes. Give specific information about them	
Yes. Give specific information about them	
8. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No Yes. Give specific information about them  Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No Yes. Give specific information about them  Ioney or property owed to you?  Current value portion you.  No Yes. Give specific information about them, including whether you already filed the returns and the tax years.  Pamily support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements    No	
Yes. Give specific information about them  S	
information about them	
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No Yes. Give specific information about them  Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years	
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No Yes. Give specific information about them  Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years	
□ Yes. Give specific information about them  Stoney or property owed to you?  Current value portion you be not deduct a claims or exemulations of exemula	
information about them    Some of property owed to you?   Current value portion you to not deduct to claims or exemulation about them, including whether you already filed the returns and the tax years.   Possible future tax refund   Federal: \$ 8,50	
Do not deduct a claims or exemples:  Tax refunds owed to you  No  Yes. Give specific information about them, including whether you already filed the returns and the tax years	
Do not deduct a claims or exemples. Tax refunds owed to you    No   Yes. Give specific information about them, including whether you already filed the returns and the tax years	
Yes. Give specific information about them, including whether you already filed the returns and the tax years	own? secured
Yes. Give specific information about them, including whether you already filed the returns and the tax years	
about them, including whether you already filed the returns and the tax years	
you already filed the returns and the tax years	00.00
Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	00.00
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	0.00
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	
D1	
✓ No ☐ Yes. Give specific information	
Alimony: \$	
Maintenance: \$	
Support \$	
Divorce settlement: \$	
Property settlement: \$	
Other amounts someone owes you     Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,	

Debtor 1	Morgan Lynne Bennett	Case number (# known)_19-43453	
	First Name Middle Name	Last Name	<del></del>
		•	
31. Interest	s in insurance policies		
Example	es: Health, disability, or life insuran	nce; health savings account (HSA); credit, homeowner's, or renter's insurance	
🗹 No			
	Name the insurance company	Company name: Beneficiary:	Surrender or refund value:
	of each policy and list its value		
			\$
			\$
			\$
32. Any inte	erest in property that is due you	from someone who has died	
If you an	e the beneficiary of a living trust, e	expect proceeds from a life insurance policy, or are currently entitled to receive	
	because someone has died.		
☑ No	O' 10 - 1 - 5 11		7
☐ Yes.	Give specific information		\$
			_
		r not you have filed a lawsuit or made a demand for payment	
_	es: Accidents, employment dispute	es, insurance claims, or rights to sue	
☑ No			٦
☐ Yes.	Describe each claim.		s
or Other or	antingent and unliquidated alais	ns of every nature, including counterclaims of the debtor and rights	
	ff claims	is of every flature, including counterclaims of the deptor and rights	
2 No			
Yes.	Describe each claim		
	Į.		\$
35. Any fina	ncial assets you did not already	y list	
☑ No	[		-
Yes.	Give specific information		s
	l		
26 Add the	dollar value of all of vour entric	es from Part 4, including any entries for pages you have attached	
		<b>→</b>	\$
Part 5:	Docariba Any Rucinace.	Related Property You Own or Have an Interest In. List any r	eal estate in Part 1.
rait 5.	Describe Any Dusiness-	Related Property 102 Own of flave all interest in morally i	
37. <b>Do you</b> (	own or have any legal or equital	ble interest in any business-related property?	
<b>☑</b> No. (	Go to Part 6.		
Yes.	. Go to line 38.		
			Current value of the
			portion you own?  Do not deduct secured claims
			or exemptions.
38 Accoun	ts receivable or commissions ye	ou already earned	
□ No	to receivable or commissions y	ou unduly durind	
	. Describe		1
<b>—</b> 163.	. Describe		\$
39. Office e	equipment, furnishings, and sup	plies	
Examples	s: Business-related computers, softwar	e, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
☐ No			7
Yes.	. Describe		\$

Debtor 1	Morgan Lynne Bennett Case number			Case number (if known) 19-43	per (if known) 19-43453		
DUDIOI I	First Name	Middle Name	Last Name	<del></del>	Caro Harrison (a month)		
40. <b>Machine</b>	rv, fixtures, e	quipment, suppli	es you use in busin	ess, and tools of your tra	nde		
□ No	.,,		-				
	Donasiba [						1
☐ Yes.	Describe						\$
	L						
41. Inventor	v						
□ No	,						ר
	Describe						\$
							J' <del></del>
42. Interests	in partnersh	ips or joint ventu	res				
☐ No							
Yes.	Describe	Name of entity:			% of owner	ship:	
		•			%		\$
							\$
							•
				<u></u>			<u> </u>
40 0	lists sille	a linto as others	ampliations				
43. Customo	er uses, mailin	g lists, or other o	เอเทษแลนอกร				
	De vour liete	inaluda namana	lh, idantifishla infan	mation (as defined in 11 U	S.C. 8 101/41A))?		
u res.	-	include personal	ny luenunable inton	mauon (as demed in 11 O	.5.0. 9 101(417))1		
	□ No	_					7
	Yes. Desc	ribe					\$
44 Any hue	inace-raistad	property you did	not already list				
□ No	111033-101atou	property you aid	not unough not				
	Give specific						•
	mation					_	\$
						_	\$
							\$
						_	\$
						_	<b>\$</b>
						_	\$
							\$
45. Add the	dollar value d	of all of your entr	ies from Part 5, incl	luding any entries for pag	jes you have attached	_	\$
for Part	5. Write that i	number here				•	
Part 6:	Describe A	ny Farm- and C	ommercial Fishi	ng-Related Property Y	ou Own or Have an Inte	rest In	l <b>.</b>
	if you own o	r have an interes	t in farmland, list it i	in Part 1.			
46. <b>Do you</b> (	own or have a	ny legal or equit	able interest in any	farm- or commercial fish	ing-related property?		
	Go to Part 7.						
Yes.	Go to line 47.						
							Current value of the
							portion you own?
							Do not deduct secured claims
4 <b>- -</b>							or exemptions.
47. Farm ar			d fich				
-	es: Livestock, p	ooultry, farm-raised	u usti				
□ No							- <sub>1</sub>
<b>□</b> Yes							
							\$
			··-·				<del></del> ر

Debtor 1	Morgan Lynne Bennett First Name Middle Name Last Name	Case number (# known)_19-43453	
	rest ratio mouse ratio Last ratio	·	
48. <b>Crops</b> —	either growing or harvested		
□ No □ Yes.	Give specific		7
	mation		\$
49. Farm an	d fishing equipment, implements, machinery, fixture	s, and tools of trade	
			\$
50. Farm an	d fishing supplies, chemicals, and feed		
			\$
51. Any farr	n- and commercial fishing-related property you did n	ot already list	
Yes.	Give specific		
	mation		\$
52. Add the for Part	dollar value of all of your entries from Part 6, includ 6. Write that number here	ing any entries for pages you have attached	\$
Part 7:	Describe All Property You Own or Have	an Interest in That You Did Not List Above	
	have other property of any kind you did not already to see soon tickets, country club membership	ist?	
☑ No	Give specific		\$
	mation		\$
			\$
54. Add the	dollar value of all of your entries from Part 7. Write t	hat number here>	\$
	•		
Part 8:	List the Totals of Each Part of this Form	ı	
			0.00
	otal real estate, line 2	e 2,500.00	· • • • • • • • • • • • • • • • • • • •
56. <b>Part 2:</b> 1	Total vehicles, line 5	\$ <u>2,000.00</u> \$ 750.00	
57. Part 3: 1	otal personal and household items, line 15	Ψ	
58. <b>Part 4:</b> 1	otal financial assets, line 36	\$0.00	
59. Part 5: 1	Total business-related property, line 45	\$0.00	
60. Part 6: 1	otal farm- and fishing-related property, line 52	\$0.00	
61. <b>Part 7:</b> 7	Total other property not listed, line 54	+\$0.00	
62 Total no	rsonal property. Add lines 56 through 61	\$3,250.00 Copy personal property total	+ <sub>\$</sub> 3,250.00
oz. i otai pe	Enderth, we may so make an immunity	357,73333,737,337	
63. Total of	all property on Schedule A/B. Add line 55 + line 62		\$3,250.00

Fill in this information to identify			
Fill in this information to identify your case:			
Debtor 1 Morgan Lynne Bennett First Name Middle Name	Lest Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern Distric	t of Michigan		
Case number 19-43453			☐ Check if this is an
(If known)			amended filing
Official Form 106C			
Schedule C: The Prop	perty You	Claim as Exempt	04/16
Be as complete and accurate as possible. If two ma Using the property you listed on <i>Schedule A/B: Prop</i> space is needed, fill out and attach to this page as r your name and case number (if known).	perty (Official Form 106A	<li>JB) as your source, list the property that ;</li>	you claim as exempt. If more
For each item of property you claim as exempt, specific dollar amount as exempt. Alternatively, of any applicable statutory limit. Some exemption retirement funds—may be unlimited in dollar amounts the exemption to a particular dollar amount would be limited to the applicable statutory amounts.	you may claim the full ons—such as those for nount. However, if you nt and the value of the	fair market value of the property being health aids, rights to receive certain be claim an exemption of 100% of fair ma	g exempted up to the amount penefits, and tax-exempt orket value under a law that
Part 1: Identify the Property You Claim	as Exempt		
<ol> <li>Which set of exemptions are you claiming?         <ul> <li>You are claiming state and federal nonban</li> <li>You are claiming federal exemptions. 11 L</li> </ul> </li> <li>For any property you list on Schedule A/B t</li> </ol>	kruptcy exemptions. 11 J.S.C. § 522(b)(2)	U.S.C. § 522(b)(3)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief vahiolo	\$ 2,500.00	<b>□</b> \$	11 U.S.C. § 522(b)(2)
description: vehicle	\$2,500.00	100% of fair market value, up to	
Line from Schedule A/B: 3		any applicable statutory limit	
Brief furniture	\$ 250.00	<b>□</b> \$	11 U.S.C. § 522(d)(3)
description: <u>furniture</u>	\$250.00	100% of fair market value, up to	, , , , , , , , , , , , , , , , , , ,
Line from Schedule A/B:		any applicable statutory limit	
Brief electronics	\$ 250.00	<b>□</b> \$	11 U.S.C. § 522(d)(3)
Line from	<u> </u>	100% of fair market value, up to any applicable statutory limit	
Schedule A/B: 7		any apphoasis statutery mini	
Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3).	of more than \$160,375? 3 years after that for case	es filed on or after the date of adjustment.	.)
<ul><li>✓ No</li><li>✓ Yes. Did you acquire the property covered</li></ul>			
Yes. Did you acquire the property covered  No	r by the exemption within	i incre days before you med ans ease:	
Yes			

Debtor 1

Morgan Lynne Bennett
First Name Middle Name Last Name

Case number (# known) 19-43453

Part 2:

**Additional Page** 

	on of the property and line B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from	clothes	\$ 250.00	\$ to which the state of t	11 U.S.C. § 522(d)(3)
Schedule A/B: Brief description:	checking account	\$ <u>0.00</u>	•	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	<u>17.1</u>		100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	savings account  17.3	\$0.00	\$ \$ \$ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description:	401k 21	\$4,000.00	\$\$ \$	11 U.S.C. § 522(d)(12)
Schedule A/B: Brief description: Line from	Security Deposit	\$800.00	\$ to sany applicable statutory limit	11 U.S.C. § 522(d)(5)
Schedule A/B:  Brief description: Line from	future poss tax refind 28	\$9,600.00	\$ to any applicable statutory limit  \$ to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Schedule A/B:  Brief description: Line from		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Schedule A/B: Brief description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ to any applicable statutory limit	
Brief description: Line from		\$	\$ to any applicable statutory limit	
Schedule A/B: Brief description: Line from Schedule A/B:		\$	\$ to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case				
Debtor 1 Morgan Lynne Bennett First Name Middle Na	me Last Namo			
Debtor 2 (Spouse, if filing) First Name Middle Na	me Last Name			
United States Bankruptcy Court for the: Eastern Di				
Case number 19-43453				
(If known)				if this is an ed filing
			G.11101112	9
Official Form 106D				
Schedule D: Creditors	Who Have Claims Secure	ed by Prop	erty	12/15
Be as complete and accurate as possible. I	f two married people are filing together, both are eq	ually responsible fo	or supplying correc	t
information. If more space is needed, copy additional pages, write your name and case	the Additional Page, fill it out, number the entries, a	and attach it to this	form. On the top of	fany
<ol> <li>Do any creditors have claims secured by</li> <li>No. Check this box and submit this form</li> </ol>	v your property? I to the court with your other schedules. You have nothin	ng else to report on th	his form.	
Yes. Fill in all of the information below.	to die court min your caner			
Part 1: List All Secured Claims		Column A	Column B	Column C
2. List all secured claims. If a creditor has m	ore than one secured claim, list the creditor separately is a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral that supports this	Unsecured portion
As much as possible, list the claims in alpha	abetical order according to the creditor's name.	Do not deduct the value of collateral.	claim	If any
2.1 Credit Acceptance	Describe the property that secures the claim:	<b>\$</b> 16,687.00	\$2,500.00	\$0.00
Creditor's Name				
POB 5070 Number Street	vehicle			
	As of the date you file, the claim is: Check all that apply.			
Southfield MI 48086	☐ Contingent ☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 2 only Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit     Other (including a right to offset)			
☐ Check if this claim relates to a	Other (including a right to oncory	_		
community debt  Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$	\$	_\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply			
	☐ Contingent ☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)	_		
Check if this claim relates to a community debt		_		
Date debt was incurred	Last 4 digits of account number	111 100 05	4	
Add the dollar value of your entries in	Column A on this page. Write that number here:	<u>s16, 65/,</u>		

F	ill in this information to identify your case:					
_	ebtor 1 Morgan Lynne Bennett					
١	First Name Middle Name	Last Name				
	Pebtor 2 Spouse, if filing) First Name Middle Name	Last Name				
U	Inited States Bankruptcy Court for the: Eastern District of	f Michigan				
	10.43453	· · · · · · · · · · · · · · · · · · ·				k if this is an
	ase number 1940400 (f known)				amer	nded filing
$\overline{}$	55 - 1 5 4005/5					
<u> </u>	fficial Form 106E/F					
S	chedule E/F: Creditors W	ho Have Unseci	ured Claim	S		12/15
Lis A/L cre	as complete and accurate as possible. Use Part the other party to any executory contracts or under the party (Official Form 106A/B) and on Schedunditors with partially secured claims that are listed eded, copy the Part you need, fill it out, number the yadditional pages, write your name and case number that are listed to the party of the par	nexpired leases that could resulule G: Executory Contracts and lead of the could be	t in a claim.  Also list Unexpired Leases (O Have Claims Secure	t executory co fficial Form 10 <i>d by Property</i> .	ntracts on Si 6G). Do not i If more spac	c <i>nedule</i> include any ce is
Pa	art 1: List All of Your PRIORITY Unsecure	ed Claims			_	
1.	Do any creditors have priority unsecured claims	s against you?				•
	No. Go to Part 2.					
2.	Yes.  List all of your priority unsecured claims. If a creeach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of	a claim has both priority and nonpola claims in alphabetical order accord Part 1. If more than one creditor he	riority amounts, list that ing to the creditor's na olds a particular claim,	it claim here an me. If you have	a snow both ( more than tv	ononty and vo priority
	(For an explanation of each type of claim, see the in	nstructions for this form in the instr	uction booklet.)	Total claim	Priority	Nonpriority
	_			Total Ciaiii	amount	amount
2.1	1	Last 4 digits of account number	,	\$	\$	_ \$
	Priority Creditor's Name	•				
	Number Street	When was the debt incurred?				
		As of the date you file, the clain	is: Check all that apply.			
	City State ZIP Code	☐ Contingent				
	<b></b>	☐ Unliquidated				
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed				
	Debtor 2 only	Type of PRIORITY unsecured	claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations				I
	At least one of the debtors and another	☐ Taxes and certain other debts y	ou owe the government			
	lacksquare Check if this claim is for a community debt	Claims for death or personal inju	=			
	Is the claim subject to offset?	intoxicated				
	□ No	Other. Specify				
_	☐ Yes					
2.2	Priority Creditor's Name	Last 4 digits of account number	·	\$	. \$ <u></u>	\$
		When was the debt incurred?				
	Number Street	As of the date you file, the claim	is: Check all that apply	•		
		☐ Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
,	Debtor 1 only	Type of PRIORITY unsecured	claim:			
	Debtor 2 only	Domestic support obligations				
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Taxes and certain other debts y	ou owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal inj	ury while you were			
		intoxicated  Other Specify				
	Is the claim subject to offset? ☐ No ☐ Yes	☐ Other. Specify	<u> </u>			
	the state of the s					

Dehto	- 1	
Depto	ГЪ	

Morgan Lynne Bennett	
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3. Do any creditors have nonpriority unsecured claims against you?

Case number (if known) 19	1-43453
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•	а	rt	2

List All of Your NONPRIORITY Unsecured Claims

	☐ No. You have nothing to report in th ☐ Yes	is part. Sub	mit this form to	the court with your other schedules.		
	nonnriority unsecured claim, list the cre-	ditor separa ditor holds a	itely for each cla	al order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not n, list the other creditors in Part 3.If you have more than three nor	list cla	ims aiready
	-				Tota	al claim
4.1	Chrysler Capital			Last 4 digits of account number188*	\$	30,000.00
	Nonpriority Creditor's Name POB 961245			When was the debt incurred? 03/16/2016		
	Number Street Fort Worth	TX	78161	<del></del>		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent☐ Untiquidated☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another  Check if this claim is for a commu			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?  ☑ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify household		
4.2	Comenity Bank/Ashstwrt Nonpriority Creditor's Name			Last 4 digits of account number $\frac{6}{10/01/2015}$ When was the debt incurred?	\$	1,003.00
	POB 182789 Number Street			<del></del>		
	Columbus	СО	43218	As of the date you file, the claim is: Check all that apply.		:
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.  Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	<ul> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> </ul>			☐ Student loans		
	Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify household	1	
	□ No ✓ Yes			Other. Specify household		:
4.3	Credit One Bank Nonpriority Creditor's Name			Last 4 digits of account number3 _6 _9 _*	\$	935.00
	POB 98872			When was the debt incurred? 01/05/2016		
	Number Street  Las Vegas	NV	89193	The standard Charles II Made and the		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
ı I	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		
	Debtor 1 only Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
1	At least one of the debtors and anothe	r		☐ Student loans		
:	☐ Check if this claim is for a commu	ınity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?  ☑ No ☑ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify household	3	

Case number	(if known)	19-	4345	3

Part 2:

fter listing any entries on this	page, number them	beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
One Main			Last 4 digits of account number 3 7 3 *	\$ 1,516.0
Nonpriority Creditor's Name POB 1010		-	When was the debt incurred? 06/25/2016	
Number Street			<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
Evansville	IN	47706		
City	State	ZIP Code	☐ Contingent ☐ Untiquidated	
Who incurred the debt? Chec	ck one.		Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors as	nd another		Student loans	
_			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for	a community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset	?		Other. Specify household	
₩ No				
Yes				
Zale Delaware Inc./SJ			Last 4 digits of account number 0 1 5 *	\$ <u>129.0</u>
Nonpriority Creditor's Name			When was the debt incurred? 12/05/2015	
375 Ghent Rd.	- <u></u>		When was the debt incurred?	
Number Street Akron	ОН	44333	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
•			Untiquidated	
Who incurred the debt? Chec	ck one.		☐ Disputed	
Debtor 1 only			Time of MONIPPIOPITY was a sure distant	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors as	nd another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for	a community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset	?		Other. Specify household	
<b>☑</b> No				
Yes				200.6
Credit Management LF	<b>o</b>		Last 4 digits of account number 6 9 2 *	\$308.0
Nonpriority Creditor's Name			When was the debt incurred? 10/05/2018	
6080 Tennyson Pkwy	#100		Assign Ado nic next nichiled t	
Number Street	TX	75024	As of the date you file, the claim is: Check all that apply.	
Plano City	State	ZIP Code	Contingent	
•			Unliquidated	
Who incurred the debt? Che	ck one.		☐ Disputed	
Debtor 1 only			Time of MONDBIODITY	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors a	nd another		Student loans	
_			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for	a community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset	t?		Other. Specify household	
₩ No				
☐ Yes				

Case number	(if known)	19-4	3453

listing any entries on this page, nu	mber the	em beginning with	n 4.4, followed by 4.5, and so forth.	To	tal claim
Falt are and December On			Last 4 digits of account number 1 8 7 *	•	696.00
Enhanced Recovery Co Nonpriority Creditor's Name			<del>_</del>	<b>\$</b>	000.0
POB 57547			When was the debt incurred? $\frac{02/19/2018}{}$		
tumber Street Jacksonville	FL	32241	As of the date you file, the claim is: Check all that apply.		
Dity	State	ZIP Code	Contingent		
~~,	-		☐ Unliquidated		
Who incurred the debt? Check one.			☐ Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and another			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other. Specify household		
<b>ấ</b> No ☑ Yes					
LVNV Funding LLC			Last 4 digits of account number 3 6 9 *	\$	935.0
Nonpriority Creditor's Name POB 1269			When was the debt incurred? $04/13/2017$		
tumber Street Greenville	SC	29603	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
-			Unliquidated		
Who incurred the debt? Check one.			☐ Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and another	•		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commu	nity debt		you did not report as priority claims		
	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify household		
s the claim subject to offset?			Office, Specify Household		
Mo ☑ Yes					
M&M Credit		441	Last 4 digits of account number 3 3 5 *	\$	330.00
Nonpriority Creditor's Name			When was the debt incurred? 06/13/2017		
6324 Taylor Dr.					
Number Street Flint	МІ	48507	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
Debtor 1 only			- Disputed		
Debtor 1 only  Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 2 only  Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and another	r		Student loans     Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commu		•	you did not report as priority claims		
	inty debi	•	Debts to pension or profit-sharing plans, and other similar debts  Other, Specify household		
Is the claim subject to offset?  No			Uniter: Specify HouseHold		
Yes					

Case nu	ımber	(if known)	19-	434	153

Part 2:

Penn Credit Corp. Norpitority Texterior's Name 916 S. 14th St. Number Street Harrisburg PA 17104 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Portfolio Recovery Norpionity Creditor's Name 120 Corporate Blvd #100 Number Street Who incurred the debt? Check one. Debtor 2 only At least one of the debtors and another City State It like a subject to offset?  When was the debt incurred?  Student loans Check if this claim is for a community debt Student loans Debts to pension or profit-sharing plans, and other similar debts City State  Last 4 digits of account number 9 9 7 * When was the debt incurred?  Objects to pension or profit-sharing plans, and other similar debts City State Unliquidated Disputed  When was the debt incurred? Od/19/2018  As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt Unliquidated Disputed  When was the debt incurred? Og/24/2018  As of the date you file, the claim is: Check all that apply.  State to a separation agreement or divorce that you did not report as profity claims Unliquidated Disputed  When was the debt incurred? Og/24/2018  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Other. Specify household  Type of NONPRIORITY unsecured claim: Student loans Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify household	listing any entries on this page, num	nber then	n beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
When was the debt incurred? 94/28/2017  285 NOrthside Dr. #300  Notes and Diego CA 92108  City Same 2P Code  Who incurred the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debto	Midland Funding			Last 4 digits of account number 5 9 5 *	a 1.003.0
As of the date you file, the claim is: Check all that apply.		-			\$ 1,000.0
San Dilego CA 92108 Size ZiP Code    Contingent   Conting	Number Street			When was the debt incurred?	
The incurred the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 8 only   Debtor 9 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2		CA	92108	As of the date you file, the claim is: Check all that apply.	
Disputed		State	ZIP Code		
Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 8 onl	Affine incommend the debt? Check and				
Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Sheet in the claim subject to offset?  Check if this claim is for a community debt Sheet Corp.  Last 4 digits of account number 1 0 9 * \$ 993.  When was the debt incurred?  Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset?  When was the debt incurred?  Debtor 2 only Debtor 2				☐ Disputed	
Debtor 1 and Debtor 2 only   Check if this claim subject to offset?   Debtor 1 and Debtor 2 only   Check if this claim subject to offset?   Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   State   ZPP Code   Check if this claim is for a community debt   State 1 and Debtor 2 only   Debtor 1 only   Check if this claim is for a community debt   State 2 ZPP Code   Check one.   Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 2 only	<u>.</u>			Type of NONPRIORITY unsecured claim:	
□ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ No □ Yes □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt is the claim subject to offset? □ Check if this claim is for a community debt					
□ Check if this claim is for a community debt is the ctaim subject to offset?  □ No □ N					
Is the claim subject to offset?    Other, Specify_household	Chook if this claim is for a communi	ity dobt		you did not report as priority claims	
Penn Credit Corp.		ity debt			
Penn Credit Corp.  Nompriority Creditor's Name 916 S. 14th St.  Number Street Harrisburg PA 17104 City State ZiP Code   Contingent   Unliquidated	<u>-</u>			Other. Specify HOUSEHOID	
Penn Credit Corp.  Nonpriority Creditor's Name 916 S. 14th St.  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?  Osigo State 2IP Code  City State 1 As 4 digits of account number 9 9 7 *  State 2IP Code  City State 1 Contingent  Unliquidated  City State 2IP Code  City State 1 Contingent  Unliquidated  City State 1 Contingent				•	
Penn Credit Corp. Norpionity Creditor's Name 916 S. 14th St. Number Street Harrisburg PA 17104 City State ZIP Code Who incurred the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 8 lame   Debtor 8 lame   Debtor 8 lame   Street   Norfolk   VA 23502   City   State   ZIP Code   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Type of NONPRIORITY unsecured claim:   Student loans   Debts 8 pension or profit-sharing plans, and other similar debts   Debts 8 pension or profit-sharing plans, and other similar debts   Debts 9 pension or profit-sharing plans, and other similar debts   Debts 1 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 nother 6 no	<b>□</b> Yes				
When was the debt incurred? O9/24/2018  916 S. 14th St.  Number Street Harrisburg PA 17104  City State ZiP Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only City Celaim subject to offset?  Debtor 5 are a community debt State Libratory Code City State Libratory Code City State Libratory Code City State Libratory City City City City City City City Cit				Last 4 digits of account number 1 0 9 *	s 993.0
916 S. 14th St. Number Street Harrisburg PA 17104 City State ZiP Code Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Check if this claim is for a community debt Is the claim subject to offset?  ☐ POrtfolio Recovery Nonpforily Creditor's Name  120 Corporate Bivd #100 Number Street Who incurred the debt? Check one. ☐ Debtor 2 only ☐ Debtor 1 only ☐ Portfolio Recovery Nonpforily Creditor's Name  120 Corporate Bivd #100 Number Street Who incurred the debt? Check one. ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 5 only ☐ Debtor 5 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 5 only ☐ Debt				_	<u> </u>
As of the date you file, the claim is: Check all that apply.	•			When was the debt incurred? 09/24/2018	
Harrisburg PA 17104 City State ZIP Code City Contingent Unitiquidated Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset?  Portfolio Recovery Nonpfority Creditor's Name  120 Corporate Bivd #100 Number Street Who incurred the debt? Check one.  Who incurred the debt? Check one.  Debtor 1 only City State ZIP Code Who incurred the debt? Check one.  State ZIP Code  Who incurred the debt? Check one.  State ZIP Code  City State ZIP Code  Who incurred the debt? Check one.  State ZIP Code  Contingent Unitiquidated Disputed  Student toans Chigations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check at digits of account number 9 9 7 *  When was the debt incurred?  When was the debt incurred?  O4/19/2018  As of the date you file, the claim is: Check all that apply.  Contingent Unitiquidated Disputed  As of the date you file, the claim is: Check all that apply.  Contingent Unitiquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Check if this claim is for a community debt Is the claim subject to offset?  Other. Specify household				A fat that a file 4b a state in Charle III that contr	
City State ZIP Code Contingent Untiquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim:  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt State ZIP Code City State ZIP Code City State ZIP Code City State Conty Debtor 1 only Check one.  Check if this claim is for a community debt State City Debtor 1 only State City Debtor 2 only Check one.  Check if this claim is for a community debt State City Contingent Check one.  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Is the claim subject to offset?		PA	17104	As of the date you file, the claim is: Check all that apply.	
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At least one of the debtors and another					
□ Check if this claim is for a community debt  Is the claim subject to offset?  □ Other. Specify household  □ Yes  □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify household  □ Debts of account number 9 9 7 * □ Other. Specify household	·				
□ Check if this claim is for a community debt  Is the claim subject to offset?  □ Debts to pension or profit-sharing plans, and other similar debts  □ Other. Specify household  □ No □ Yes  □ Portfolio Recovery  Norpfolio Recovery  Norpfolio Recovery  Norpfolio Recovery  Norpfolio Recovery  Norfolk	_			you did not report as priority claims	
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Portfolio Recovery  Nonpriority Creditor's Name  120 Corporate Blvd #100  Number Street  Norfolk  VA 23502  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  Last 4 digits of account number 9 9 7 *  When was the debt incurred?  O4/19/2018  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cither. Specify household	Is the claim subject to offset?			Other. Specify household	
Portfolio Recovery  Nonpriority Creditor's Name  120 Corporate Blvd #100  Number Street  Norfolk VA 23502  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  Last 4 digits of account number 9 9 7 * When was the debt incurred? 04/19/2018  When was the debt incurred? 04/19/2018  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cither. Specify_household	-				
Portfolio Recovery  Nonpriority Creditor's Name  120 Corporate Blvd #100  Number Street Norfolk VA 23502  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  Last 4 digits of account number 9 9 7 **  When was the debt incurred?  O4/19/2018  As of the date you file, the claim is: Check all that apply.  O4/19/2018  As of the date you file, the claim is: Check all that apply.  O4/19/2018  State 7 Deck all that apply.  O5/10/10/10/10/10/10/10/10/10/10/10/10/10/	Yes				
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120 Corporate Blvd #100   Number   Street   Street   Norfolk   VA   23502   As of the date you file, the claim is: Check all that apply.   Norfolk   VA   23502   Contingent   Unliquidated   Unliquidated   Disputed   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Student loans   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Steet   Laim subject to offset?					
Number Street Norfolk  VA 23502  City  State  ZIP Code  City  Contingent Unliquidated Unliquidated Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising plans, and other similar debts  City  Other. Specify household				When was the debt incurred?	
City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify household	Number Street	\/^	22502	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Student loans ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify household ☐ Other. Specify household				Contingent	
Who incurred the debt? Check one.  ☐ Disputed  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify household ☐ Other. Specify household	<del>Ony</del>				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify household	Who incurred the debt? Check one.			<i>'</i>	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Other. Specify household	Debtor 1 only				
☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Sthe claim subject to offset? ☐ Other. Specify household	· · · · ·			Type of NONPRIORITY unsecured claim:	
you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  Other. Specify household					
☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Specify household ☐ Other. Specify household	☐ At least one of the debtors and another				
Is the claim subject to offset?  Other. Specify household	☐ Check if this claim is for a commun	nity debt		•	
	Is the claim subject to offset?				
	₩ No				

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Case nur	nber <i>u</i>	known)	19-43453

P	a	rt	2:

After lis	ting any entries on this page, number the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
5.2 <sub>Aa</sub>	arons Rental		Last 4 digits of account number 6 2 0 9	\$ 900.00
	priority Creditor's Name 5708 Michigan Avenue		When was the debt incurred? 06/04/2018	
Num	nber Street earborn Heights, MI 48125		As of the date you file, the claim is: Check all that apply.	
City		ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
_	At least one of the debtors and another  Check if this claim is for a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify household	
	No Yes			
	ogressive Leasing	, , , , , , , , , , , , , , , , , , ,	Last 4 digits of account number 5 4 9 2	\$ <u>1,448.9</u>
	priority Creditor's Name		When was the debt incurred? $02/08/2019$	
Nun	nber Street	84020	As of the date you file, the claim is: Check all that apply.	
City		ZIP Code	Contingent	
Wh	no incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
<b>4</b>	Debtor 1 only		C Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
_	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
_	the claim subject to offset?		Other. Specify household	
-	No Yes			
	ational Enterprise Systems		Last 4 digits of account number 4 2 1 7	<sub>\$</sub> 1,449.1
	rpriority Creditor's Name 179 Edison Blvd #A		When was the debt incurred? $01/04/2019$	
Nun	niber Street winsburg OH	44087	As of the date you file, the claim is: Check all that apply.	
City		ZIP Code	Contingent	
VACE	no incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
_	the claim subject to offset?		Other. Specify household	
-	No Yes			

Case number (if known) 19-43453

Part 2:

Afte	er listing any entries on this page, number them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
5.5	Dish Network	Last 4 digits of account number 6 2 0 9	s 500.00
	Nonpriority Creditor's Name 9601 South Meridian Blvd.	When was the debt incurred? 12/01/2016	-
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Englewood, CO 80112 City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify household	
	☑ No □ Yes		
5.6	Geico	Last 4 digits of account number 6 2 0 9	\$ 400.00
	Nonpriority Creditor's Name	When was the debt incurred? 12/01/2016	
	One Geico Plaza	<del>-</del>	
	Washington, D.C. 20076	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Untiquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify household	
	₩ No Ves		
5.7	Advance America	Last 4 digits of account number 6 2 0 9	\$ 400.00
	Nonpriority Creditor's Name	When was the debt incurred? 12/01/2016	
	219 Middlebelt Rd.  Number Street	<del>-</del>	
	Garden City, MI 48135	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
	☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	lue Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other: Specify household	
	₩ No		
	Yes		

Debtor	1

Morgan Lynne Bennett Last Namo

19-43453 Case number (if lond

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Elizabeth Smith P63010	_		On which entry in Part 1 or Part 2 did you list the original creditor?
POB 2121			Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
		40000	Last 4 digits of account number 5 9 5 *
Warren City	MI State	48089 ZIP Code	
Resurgent Cap Srvcs LP			On which entry in Part 1 or Part 2 did you list the original creditor?
POB 1269			Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
c/o Resurgent Capital Sen		<del></del>	Claims
Greenville City	SC State	29602 ZIP Code	Last 4 digits of account number 0 1 5 *
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
City	Çizio.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
Number Succe			Claims
			Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	·		☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
Oly			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
····			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number

Debtor 1

Morgan Lynne Bennett

19-43453 Case number (if kn

Part 4:

Add the Amounts for Each Type of Unsecured Claim

Last Name

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	43,409.10
	6j. Total. Add lines 6f through 6i.	6j.	s	43,409.10

Fill i	n this i	nformation to identit	fy your ca	ase:							
		Morgan Lynne E		<u> </u>							
Debto	or	First Name		e Name	Last Name						
Debto (Spou		) First Name	Midd	e Name	Last Name	<del></del>					
Unite	d States	Bankruptcy Court for the	e: Eastern	District of Michi	gan						
1	number	10.43453			-					Па	.1. 16 11-1-1-
(If kno					<del>-</del>						ck if this is a ended filing
Offi	امنما	Form 106G									
		ule G: Exe	cuto	ry Cont	racts and	l Une	cpired	Leas	es		12/15
informaddition	nation. onal pa  o you  No.  Yes. ist sep example inexpire	ete and accurate as if more space is need ages, write your name have any executory. Check this box and fill Fill in all of the informarately each person e, rent, vehicle lease and leases.  or company with white Property Managements is need and company with white Property Managements.	eded, cop se and ca contract: e this form nation belo or comp n, cell pho	by the additional se number (if kinds or unexpired In with the court who we even if the colony with whome one). See the instance of the second of the colony with whome one).	I page, fill it out, n nown). leases? with your other sche ontracts or leases a you have the con structions for this for	edules. You here listed on Stract or least	nave nothing Schedule A/B se. Then stat ruction book	else to rep : Property ( e what each	ort on this for (Official For the contract examples	orm. m 106A/B). t or lease is	s for (for
i	Name					_ 1101116	Gillai				
	19853 Number	3 W Outer Dr #30 Street	0								
		orn, MI 48124									
• 1	City		State	ZIP Code							
2.2						_					
i	Name										
	Number	Street				_					
	C#.		State	ZIP Code		_					
2.3	City		Žino								
	Name										
i											
	Number	Street									
	City		State	ZIP Code		<del></del>				-	
2.4						_					
	Name										
	Number	Street				<del>_</del>					
						_					
: : :	City	we will be a second	State	ZIP Code							
2.5						_					
	Name										
	Numbe	r Street		<del></del>		_					

State

ZIP Code

City

Fill in	this information to identify yo	ur case:			
Debto			<del></del>	_	
Debto	First Name	Middle Name	Last Name		
	e, if filing) First Name	Middle Name	Last Namo		
United	States Bankruptcy Court for the: Ea	stern District of Michiga	an		
Case	number 19-43453		<del></del>	<b>D</b>	
(II KIIO				Check if this is amended filing	
Off.	-:-! 400!!				,
	cial Form 106H				
Sch	edule H: Your (	Codebtors		12/1	5
are filing and nu case n	ng together, both are equally re imber the entries in the boxes umber (if known). Answer ever	esponsible for supply on the left. Attach the ry question.	ing correct information Additional Page to the	e. Be as complete and accurate as possible. If two married peon. If more space is needed, copy the Additional Page, fill it o is page. On the top of any Additional Pages, write your name	ut,
	you have any codebtors? (If y	ou are filing a joint cas	e, do not list either spor	use as a codebtor.)	
	l No Í <sub>Yes</sub>				
		ı lived in a communit	/ property state or ten	ritory? (Community property states and territories include	
A	rizona, California, Idaho, Louisia	na, Nevada, New Mexi	co, Puerto Rico, Texas,	Washington, and Wisconsin.)	
	No. Go to line 3.				
L	Yes. Did your spouse, former s	spouse, or legal equiva	lent live with you at the	time?	
	No	tate or territory did you	live?	. Fill in the name and current address of that person.	
1	Tes. III Willer Continuinty s	tate or territory and you			
1		un ar land amindat			
	Name of your spouse, former spou	rse, or reder edutament			
i !	Number Street				
I	City	State	ZiP Code		
s S S	hown in line 2 again as a code chedule D (Official Form 106D) chedule E/F, or Schedule G to	btor only if that perso ), Schedule E/F (Offic	n is a quarantor or co	debtor if your spouse is filing with you. List the person is signer. Make sure you have listed the creditor on chedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the de	ht
,	Column 1: Your codebtor				
				Check all schedules that apply:	
3.1	Varlena Harris			Schedule D, line 2.1	
	2000 Inkster Rd.			☐ Schedule E/F, line	
	Number Street	MI	48141	Schedule G, line	
	Inkster City	State	ZIP Co		
3.2				Cahadula D. lina	
ш	Name			Schedule D, line	
	Number Street			Schedule G, line	
1					
	City	State	ZiP Co	THE .	
3.3	Nomo			Schedule D, line	
	Name			Schedule E/F, line	
	Number Street			☐ Schedule G, line	
	04.	State	ZIP Co	ode .	

Ell in this information to identify	Volt 02001			ŀ	
Fill in this information to identify	your case:				
Debtor 1 Morgan Lynne Be	ennett Midde Name	Last Name			
Debtor 2	most varie				
(Spouse, if filling) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Eastern District of Michigan	1			
Case number 19-43453				Check if the	
					ended filing
					plement showing postpetition chapter 13 e as of the following date:
Official Form 106I	-			MM / D	DD / YYYY
Schedule I: You	ır income				12/15
f you are separated and your spore separate sheet to this form. On the Part 1: Describe Employn	use is not filing with you, e top of any additional pag	do not include infe	rmation	about vour spo	ou, include information about your spou use. If more space is needed, attach a known). Answer every question.
<ol> <li>Fill in your employment information.</li> </ol>		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>	ed		Employed Not employed
Include part-time, seasonal, or self-employed work.	Occupation	Business Cer	nter Rep	o	
Occupation may include student or homemaker, if it applies.	·	DTE Energy			
	Employer's name	DIE Lileigy			
	Employer's address	1 Energy Pla Number Street	za		Number Street
		Detroit	М		
		City	State	ZIP Code	City State ZIP Code
	How long employed the	re? 1yr. 9mos			<u>1yr. 9mo</u> s.
Part 2: Give Details Abou	it Monthly Income				
		m. If you have noth	ng to repo	ort for any line, w	rite \$0 in the space. Include your non-filing
spouse unless you are separated if you or your non-filing spouse he below. If you need more space,	nave more than one employ	er, combine the info	rmation fo	or all employers t	for that person on the lines
below. If you need more space,	anadi a separate shoet to a			For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sa deductions). If not paid monthly	tlary, and commissions (b , calculate what the monthly	efore all payroll y wage would be.	2.	3,000.00	\$
3. Estimate and list monthly over	ertime pay.		3. +	<b>5</b>	+ \$
4. Calculate gross income. Add	line 2 + line 3.		4.	3,000.00	\$

	_	For Debtor 1	For Debtor 2 cr non-filing spouse	
Copy line 4 here	→ 4.	\$ 3,000.00	\$	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	s 550.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ 120.00		
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00		
5d. Required repayments of retirement fund loans	5d.	s 0.00		
• • • •	5u. 5e.	s 120.00	· · · · · · · · · · · · · · · · · · ·	
5e. Insurance	***	s 0.00		
5f. Domestic support obligations	5f.	07.40	· · · · · · · · · · · · · · · · · · ·	
5g. Union dues	5g.			
5h. Other deductions. Specify: n/a	5h.	+\$ <u>0.00</u>	_ + \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +	5f + 5g + 5h. 6.	\$ <u>827.12</u>	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line	e 4. 7.	\$ <u>2,172.88</u>	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a but profession, or farm				
Attach a statement for each property and business showing g receipts, ordinary and necessary business expenses, and the	pross e total	• 0.00	•	
monthly net income.	8a.	\$ <u>0.00</u>		
8b. Interest and dividends	8b.	\$0.00		
8c. Family support payments that you, a non-filing spouse, or regularly receive				
Include alimony, spousal support, child support, maintenance settlement, and property settlement.	e, divorce 8c.	\$ 0.00	-	
8d. Unemployment compensation	8d.	\$ 0.00	- '	
8e. Social Security	8e.	\$ <u>0.00</u>		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non- that you receive, such as food stamps (benefits under the Su Nutrition Assistance Program) or housing subsidies. Specify: n/a	cash assistance pplemental 8f.	\$ <u>0.00</u>	<u> </u>	
	8g.	s 0.00	<b>s</b>	
8g. Pension or retirement income			<u> </u>	
8h. Other monthly income. Specify: n/a	8h.	+\$ 0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g	g + 8h. 9.	\$0.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s	pouse. 10.	\$ <u>2,172.88</u>	<b>+</b> \$ 2,172.88	<b>=</b> \$ 2,172.88
11. State all other regular contributions to the expenses that you Include contributions from an unmarried partner, members of your friends or relatives.	r household, your de	ependents, your ro		
Do not include any amounts already included in lines 2-10 or amo Specify: n/a	ounts that are not av	vailable to pay exp	enses listed in Schedule J	+ \$0.00
12. Add the amount in the last column of line 10 to the amount in	ine 11. The result	t is the combined n	nonthly income.	2 472 00
Write that amount on the Summary of Your Assets and Liabilities	and Certain Statisti	ical Information, if i	t applies 12.	\$ 2,172.88  Combined monthly income
13. Do you expect an increase or decrease within the year after   13. No.	you file this form?			
Yes. Explain:				

Debtor 1  Morgan Lynne Bennett First Name  Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: Eastern District of Michigan  Case number (if known)  Official Form 106J  Schedule J: Your Expenses		ed filing ent showing postp as of the following	petition chapter 13 date:
Be as complete and accurate as possible. If two married people are filing toge information. If more space is needed, attach another sheet to this form. On the (if known). Answer every question.	other, both are equally respo e top of any additional page	onsible for supplyies, write your name	ing correct e and case number
Part 1: Describe Your Household			
1. Is this a joint case?  ☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate	e Household of Debtor 2.		
Do not list Debtor 1 and Yes. Fill out this information for Debto	ndent's relationship to or 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2. each dependent  Do not state the dependents' Son		16	☐ No ☑ Yes
names. Son		10	□ No ☑ Yes
Son		9	□ No ☑ Yes
<u>Dau</u>	ghter	7	□ No ☑ Yes
			□ No □ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?			
Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are usin expenses as of a date after the bankruptcy is filed. If this is a supplemental S applicable date.  Include expenses paid for with non-cash government assistance if you know	chedule J, check the box at the value of	the top of the fon	n and hii in the
such assistance and have included it on Schedule I: Your Income (Official Fo	orm 106l.)	Your expe	
<ol> <li>The rental or home ownership expenses for your residence. Include first many rent for the ground or lot.</li> </ol>	ондаде раутель ато	4. \$	800.00
If not included in line 4:		4a. \$	0.00
4a. Real estate taxes		·	0.00
4b. Property, homeowner's, or renter's insurance		4b. \$	0.00
4c. Home maintenance, repair, and upkeep expenses		4b. \$ 4c. \$	0.00

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Last Name

				Your expenses	
				\$	0.00
Sea   Electricity, Ineal, natural gas   200,000	5.	Additional mortgage payments for your residence, such as nome equity loans	5.		
6b. Water, sewer, garbage collection         6b. 3         125.00           6c. Telephone, cell phone, internet, satelitte, and cable services         6c. 8         65.00           6c. Other. Specify, IVIA         6d. 8         0.00           7. Food and housekeeping supplies         7. 9         5000.00           8. Childrane and children's education costs         8. 8         9.00           9. Clothing, laundry, and dry cloaning         9. 3         125.00           10. Personal care products and services         10. 8         5.00.00           11. Modical and dental oxponses         10. 8         0.00           12. Transportation, include gas, maintenancs, bus or train fare.         12. 8         160.00           13. Eliterialment, clubs, recreation, newspapers, magazines, and books         13. 8         100.00           14. Charitable contributions and religious donations         13. 8         100.00           15. Insurance         15b. Insurance         15b. 15b. 15b. 15b. 15b. 15b. 15b. 15b.	6.	Utilities:		_	200.00
1.   1.   1.   1.   1.   1.   1.   1.		6a. Electricity, heat, natural gas	6a.	\$	
Set Other, Specify; In/A   Set Other, Specify; In/A   Set Other, Specify; In/A   Set Other Spe		6b. Water, sewer, garbage collection	6b.	\$	
		6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
Recognition in trotscends in the statement of the state		6d. Other. Specify: n/a	6d.	\$	
	7.	Food and housekeeping supplies	7.	\$	
10.   Personal care products and services   10.   \$ 50.00     11.   Medical and dental exponses   11.   \$ 0.00     12.   Transportation. Include gas, maintenance, bus or train fare.   12.   160.00     13.   Entertainment, clubs, recreation, newspapors, magazines, and books   13.   \$ 100.00     14.   Charitable contributions and religious donations   14.   \$ 0.00     15.   Insurance.   15a.   Life insurance deducted from your pay or included in lines 4 or 20.     15a.   Life insurance   15a.   \$ 0.00     15b.   Health insurance   15b.   \$ 0.00     15b.   Vehicle insurance   15c.   \$ 280.00     15c.   Vehicle insurance   15c.   \$ 280.00     15c.   Vehicle insurance   15c.   \$ 0.00     15c.   Vehicle insurance   \$ 0.0	8.	Childcare and children's education costs	8.	\$	
11.   Medical and dental exponses   11.   \$   0.00	9.	Clothing, laundry, and dry cleaning	9.	\$	
12   Transportation. Include gas, maintenance, bus of train fare. Do not include car payments.   12   \$   160.00     13   Entertainment, clubs, recreation, newspapers, magazines, and books   13   \$   100.00     14   Charitable contributions and religious donations   14   \$   0.00     15   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.     15   Insurance   15   \$   0.00     15   Life insurance   15   \$   0.00     15   Other insurance   15   \$   0.00     15   Other insurance   15   \$   0.00     15   Other insurance   15   \$   0.00     16   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.     17   Installment or lease payments:   17   \$   0.00     17   Installment or lease payments:   17   \$   0.00     17   Installment or lease payments for Vehicle 1   17   \$   0.00     17   Other. Specify: In/a   17   \$   0.00     18   Your payments for Vehicle 2   17   \$   0.00     19   Other specify: In/a   17   \$   0.00     10   Other specify: In/a   18   \$   0.00     10   Other specify: In/a   19   \$   0.00     10   Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106).   19   0.00     10   Other payments you make to support others who do not live with you.   Specify: In/a   19   0.00     20   Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.   20   0.00     20   Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.   20   0.00     20   Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.   20   0.00     20   Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.   20   0.00     20   Other real proper	10.	Personal care products and services	10.	\$	50.00
Do not include car payments.   12   100.00	11.	Medical and dental expenses	11.	\$	0.00
13. Emeratamment, citude, recreation, newspapers, magazines, and books   14.   \$ 0.00     14.   Charitable contributions and religious donations   14.   \$ 0.00     15.   Insurance.	12.	•	12.	\$	160.00
1.4. Charitable contributions and religious donations         14. \$ 0.00           15. Insurance.         15. Life insurance deducted from your pay or included in lines 4 or 20.           15. Life insurance         15. \$ 0.00           15. Health insurance         15. \$ 280.00           15. Vehicle insurance         15. \$ 280.00           15. Other insurance. Specify: n/a         15. \$ 0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         15. \$ 0.00           17. Installment or lease payments:         17a. \$ 464.00           17b. Car payments for Vehicle 1         17a. \$ 0.00           17c. Other. Specify: n/a         17c. \$ 0.00           17d. Other. Specify: n/a         17d. \$ 0.00           18. Your payments of allmony, maintonance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i).         1a. \$ 0.00           19. Other payments you make to support others who do not live with you. Specify: n/a         1a. \$ 0.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.         20a. \$ 0.00           20b. Real estate taxes         20b. \$ 0.00           20c. Property, homeowner's, or renter's insurance         20c. \$ 0.00           20d. Maintenance, repair, and upkeep expenses         20d. \$ 0.00	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance			14.	\$	0.00
15a. Life insurance   15a.   \$ 0.00     15b. Health insurance   15b.   \$ 0.00     15c. Vehicle insurance   15c.   \$ 280.00     15d. Other insurance. Specify: n/a   15d.   \$ 0.00     15d. Other insurance. Specify: n/a   15d.   \$ 0.00     16e. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$ 0.00     17e. Installment or lease payments:   17a.   Car payments for Vehicle 1   17a.   \$ 464.00     17b. Car payments for Vehicle 2   17b.   \$ 0.00     17c. Other. Specify: n/a   17c.   \$ 0.00     17d. Other. Specify: n/a   17d.   \$ 0.00     17d. Other. Specify: n/a   17d.   \$ 0.00     18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i).   18.   \$ 0.00     19. Other payments you make to support others who do not live with you.   Specify: n/a   19.   \$ 0.00     20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1. Your Income.   20a.   \$ 0.00     20b. Real estate taxes   20b.   \$ 0.00     20c. Property, homeowner's, or renter's insurance   20c.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expenses   20d.   \$ 0.00     20d. Maintenance, repair, and upkeep expens	15.	Insurance.			
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: n/a 15d. Other insurance. Specify: n/a 15d. Other insurance. Specify: n/a 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a 17a. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: n/a 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 108I). 18. Specify: n/a 19. Other payments you make to support others who do not live with you. Specify: n/a 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses		Do not include insurance deducted from your pay or included in lines 4 or 20.			
15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: <u>n/a</u> 15d. Other insurance. Specify: <u>n/a</u> 15d. Other insurance. Specify: <u>n/a</u> 16. \$ 0.00  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: <u>n/a</u> 17d. Other spyments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. Your payments you make to support others who do not live with you. Specify: <u>n/a</u> 19. Other payments you make to support others who do not live with you. Specify: <u>n/a</u> 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses		15a. Life insurance	15a.	\$	<del></del>
15d. Other insurance. Specify: n/a  15d. Other insurance. Specify: n/a  15d. S 0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a  16. S 0.00  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other. Specify: n/a  18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. Other payments you make to support others who do not live with you.  Specify: n/a  19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses		15b. Health insurance	15b.	\$	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: n/a  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other spayments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  18. Your payments you make to support others who do not live with you.  Specify: n/a  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses		15c. Vehicle insurance	15c.	\$	
Specify: n/a   16. \$		15d. Other insurance. Specify: n/a	15d.	\$	0.00
17a. Car payments for Vehicle 1       17a. \$	16.		16.	\$	0.00
17a. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: n/a  17d. Other. Specify: n/a  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. Other payments you make to support others who do not live with you.  Specify: n/a  19. \$  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	17.	Installment or lease payments:			
17b. Car payments for Vehicle 2  17c. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other. Specify: n/a  17d. Other. Specify: n/a  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. Other payments you make to support others who do not live with you.  Specify: n/a  19. \$  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses		17a. Car payments for Vehicle 1	17a.	\$	464.00
17c. Other. Specify: n/a  17d. Other. Specify: n/a  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: n/a  19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses			17b.	\$	0.00
17d. Other. Specify: n/a  17d. \$ 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify: n/a 19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses			17c.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: n/a  19. \$  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses			17d.	\$	0.00
Specify: n/a  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Specify: n/a  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	19.	Other payments you make to support others who do not live with you.			
20a. Mortgages on other property       20a. \$		Specify: n/a	19.	\$	0.00
20a. Mortgages on other property       20a. V         20b. Real estate taxes       20b. \$       0.00         20c. Property, homeowner's, or renter's insurance       20c. \$       0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$       0.00	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20a. Mortgages on other property	20a.	\$	0.00
20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00		20b. Real estate taxes	20b.	\$	
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20c. Property, homeowner's, or renter's insurance	20c.	\$	
_ 0.00			20d.	\$	0.00
			20e.	\$	0.00

Morgan Lynne Bennett Debtor 1

19-43453 Case number (# know

Last Name

Other. Specify: n/a

0.00

Calculate your monthly expenses. 22.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

2,869.00 22a. 0.00 22b. 2,869.00 22c

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

Copy your monthly expenses from line 22c above. 23b.

23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.

2,172.00 23a 23b. 2,869.00 -697.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

Mo.

☐ Yes. Explain here:

Il in this information to identify your case:  Better 1 Morgan Lynne Bennett			
ebtor 1 WIOTGAN LYTTHE DETITIENT First Name Middle Name	Last Name		
ebtor 2 pouse, if filling) First Name Middle Name	Last Name		
nited States Bankruptcy Court for the: Eastern District of Michi	gan		
ase number 19-43453 (known)	_		
Nomiy	<del></del>		Check if this is amended filing
Off : 1 F 400D			
Official Form 106Dec  Declaration About an In	dividual Do	ebtor's Schedules	12/15
f two married people are filing together, both are equ	ally responsible for supp	lying correct information.	
Sign Below  Did you pay or agree to pay someone who is NOT	an attorney to help you f	fill out bankruptcy forms?	
M No			
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration Signature (Official Form 119).	n, and
Under penalty of perjury, I declare that I have read that they are true and correct.  * MBewalth Signature of Debtor 1	*	lules filed with this declaration and	
	Signature of Debtor 2	?	
Date 03/23/2019	Signature of Debtor 2		

Debtor 1	Morgan Lynna	Ronnot	case: 					
	Morgan Lynne First Name		ddie Namo		Last Name			
Debtor 2 (Spouse, if fi	iling) First Name	MG	ddie Name		Last Name			
United Stat	tes Bankruptcy Court for	the: Easte	m District of N	lichigan				
	ber 19-43453						_	Tour and white to be
(If known)								Check if this is an amended filing
Officia	I Form 107							
tate	ment of Fin	ancia	al Affai	rs fo	r Indivi	duals Filing for	Bankruptcy	04/10
formatio	plete and accurate a n. If more space is r known). Answer eve Give Details Abo	needed, at ery questi	tach a separa on.	ite shee	t to this form	together, both are equally r i. On the top of any addition u Lived Before	esponsible for supplyir al pages, write your na	ng correct ame and case
			;·***					
	is your current marit	ai status :	•					
	arried ot married							
	ot married							
				other th	en where vo	u live new?		
2. During	g the last 3 years, ha	ve you liv	ea anywnere	oulet u	ian whole je	u 1,10 11011 1		
□ No	0							
□ No								
□ No ✓ Ye	0			/ears. D Date				Dates Debtor 2 lived there
☐ No	o es. List all of the place			/ears. D Date	o not include s Debtor 1	where you live now.		lived there
☐ No	o es. List all of the place <b>Debtor 1:</b>			years. D Date lived	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1		lived there  Same as Debtor 1
☐ No	o es. List all of the place			years. D  Date lived	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1		Iived there  Same as Debtor 1  From
☐ No ☑ Ye	o es. List all of the place Debtor 1: 1145 Magnolia			years. D Date lived	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1		lived there  Same as Debtor 1
☐ No	Debtor 1:  1145 Magnolia  Number Street			years. D  Date lived	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1		Same as Debtor
☐ No	o es. List all of the place Debtor 1: 1145 Magnolia	s you lived	d in the last 3	years. D  Date lived	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1	State ZIP Code	Iived there  Same as Debtor 1  From
□ No ✓ Ye	Debtor 1:  1145 Magnolia Number Street	s you lived	d in the last 3	years. D  Date lived	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	Same as Debtor
☐ No	Debtor 1:  1145 Magnolia Number Street	s you lived	d in the last 3	years. D  Date lived  From  To	o not include s Debtor 1 I there 09/17/2018 01/01/2019	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Ilived there  Same as Debtor 1  From To  Same as Debtor 1
☐ No	o es. List all of the place Debtor 1:  1145 Magnolia Number Street  Inkster City	s you lived	d in the last 3	years. D  Date lived  From  To	o not include s Debtor 1 I there	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Same as Debtor 1  From To
☐ No	o es. List all of the place Debtor 1:  1145 Magnolia Number Street  Inkster City  28664 Emerson	s you lived	d in the last 3	pears. D  Date lived  From  To	o not include s Debtor 1 there 09/17/2018 01/01/2019	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Same as Debtor 1  From To  Same as Debtor 1  From
☐ No	Debtor 1:  1145 Magnolia Number Street  Inkster City  28664 Emerson Number Street	MI State	48141 48141	pears. D  Date lived  From  To	o not include s Debtor 1 there  09/17/2018 01/01/2019	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1  Number Street		Ilived there  Same as Debtor 1  From To  Same as Debtor 1  From
□ No ✓ Ye	Debtor 1:  1145 Magnolia Number Street  Inkster City  28664 Emerson Number Street	MI State	48141	pears. D  Date lived  From  To	o not include s Debtor 1 there  09/17/2018 01/01/2019	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Same as Debtor 1  From To  Same as Debtor 1  From
No.	Debtor 1:  1145 Magnolia Number Street  Inkster City  28664 Emerson Number Street  Inkster City	MI State	48141 2 ZIP Code	years. D Date lived  From To  From To	o not include s Debtor 1 I there  09/17/2018 01/01/2019 09/17/2018	Where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Number Street  City  City  City  City  City  City	State ZIP Code	Ilved there  Same as Debtor from To  Same as Debtor from From To  Community property
No. Vithi states	es. List all of the place Debtor 1:  1145 Magnolia Number Street  Inkster City  28664 Emerson Number Street  Inkster City  in the last 8 years, dies and territories include	MI State	48141 2 ZIP Code	years. D Date lived  From To  From To	o not include s Debtor 1 I there  09/17/2018 01/01/2019 09/17/2018	Where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Number Street	State ZIP Code	Ilved there  Same as Debtor from To  Same as Debtor from From To  Community property
No. Vithi states	es. List all of the place Debtor 1:  1145 Magnolia Number Street  Inkster City  28664 Emerson Number Street  Inkster City  in the last 8 years, dies and territories include	MI State	48141 2IP Code Tive with a s California, Ida	years. D  Date lived  From To  From To	o not include s Debtor 1 I there  09/17/2018 01/01/2018 09/17/2018 09/17/2018 or legal equivisiana, Nevad	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1  Number Street  City  City  All Number Street  Number Street	State ZIP Code	Ilved there  Same as Debtor  From  To  Same as Debtor  From  To  Community property

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Did you have any income from employment Fill in the total amount of income you received If you are filing a joint case and you have income	from all jobs and all busin	nesses, including part-tin	ne activities.	ndar years?
□ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips  Operating a business	<u>s 6,000.</u>	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$
For last calendar year: (January 1 to December 31, 2018)	Wages, commissions, bonuses, tips  Operating a business	\$ 32,000, <sup>00</sup>	□ Wages, commissions, bonuses, tips □ Operating a business	\$
For the calendar year before that:  (January 1 to December 31, 2017)	Wages, commissions, bonuses, tips  Operating a business	\$ <u>26</u> 000.	Wages, commissions, bonuses, tips  Operating a business	\$
Include income regardless of whether that incurrently unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ents; pensions; rental inco a joint case and you have	ome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	uits; royalties; and
Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until		\$		· <b>\$</b>
the date you filed for bankruptcy:		\$		\$
		\$		\$
		œ		•
For last calendar year:		\$		· \$
(January 1 to December 31,)		\$		\$
For the calendar year before that:		\$		\$
• • • • • • •				· -
(January 1 to December 31,)		\$		\$

Part 3:

List Certain Payments You Made Before You Filed for Bankruptcy

Are eith	ner Debtor 1's or Debto	or 2's debi	s primarily co	onsumer debt	s?				
□ No.	Neither Debtor 1 nor	Debtor 2	has primarily ly for a person	consumer de	bts. Consumer debts as ousehold purpose."	re defined in 11 U.S.C. § 101	(8) as		
	*	"incurred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425° or more?							
	□ No. Go to line 7.								
	total amount y child support	you paid th and alimo	nat creditor. Do ny. Also, do no	not include pa t include paym	ayments for domestic soments to an attorney for	or more payments and the upport obligations, such as this bankruptcy case.  after the date of adjustment.			
<b>2</b> Yes	. Debtor 1 or Debtor 2								
	During the 90 days be	fore you fil	ed for bankrup	itcy, did you pa	ay any creditor a total of	\$600 or more?			
	No. Go to line 7.								
	creditor. Do n	ot include	payments for	domestic supp	\$600 or more and the to ort obligations, such as ey for this bankruptcy ca Total amount paid	otal amount you paid that child support and ise.  Amount you still owe	Was this payment for		
	Creditor's Name				\$	\$	■ Mortgage		
	Ciedioi s Ivalie						Car		
	Number Street						Credit card		
							Loan repayment		
							☐ Suppliers or vendors		
			770.1				☐ Other		
	City	State	ZIP Code						
					_				
	Creditor's Name		<del></del>		\$	\$	Mortgage		
	0.02.2.0						☐ Car		
	Number Street						Credit card		
							Loan repayment		
							☐ Suppliers or vendors		
	City	State	ZIP Code				☐ Other		
	City	31616	217 COGG						
					\$	\$	☐ Mortgage		
	Creditor's Name						Car		
							Credit card		
	Number Street						Loan repayment		
	<del></del>						☐ Suppliers or vendors		
			,				☐ Other		
	City	State	ZIP Code						

Dates of payment paid owe Include creditor's n smeet Street State ZIP Code State Street Stree

ZIP Code

page 4

City

19-43453 Morgan Lynne Bennett Case number (if know Identify Legal Actions, Repossessions, and Foreclosures Part 4: 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. M No ☐ Yes. Fill in the details. Status of the case Court or agency Nature of the case ☐ Pending Case title Court Name On appeal ☐ Concluded Number Street Case number \_ ZIP Code City State Pending Case title Court Name On appeal ☐ Concluded Number Street Case number City ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes.

Fill in the information below.			
	Describe the property	Date	Value of the property
Creditor's Name			\$
Number Street	Explain what happened		
	Property was repossessed.		
-	Property was foreclosed.		
	Property was garnished.		
City State ZIP Code	Property was attached, seized, or levied.		
	Describe the property	Date	Value of the property
			\$
Creditor's Name	<del></del>		
Number Street	Explain what happened		
	Property was repossessed.		
	☐ Property was foreclosed.		
City State ZIP Code	Property was garnished.		
City State Zir Code	Property was attached, seized, or levied.		

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Debtor 1	Morgan Lynne Bennett First Name Middle Name Lest No.	Case number (if known)_	19-43453	
acc Z	thin 90 days before you filed for bankrup counts or refuse to make a payment beca No Yes. Fill in the details.	tcy, did any creditor, including a bank or financial institut ause you owed a debt?	ion, set off any an	nounts from your
		Describe the action the creditor took	Date action was taken	Amount
	Creditor's Name		:	\$
	Number Street			
	City State ZIP Code	Last 4 digits of account number: XXXX		
cre	ditors, a court-appointed receiver, a cus	ry, was any of your property in the possession of an assignoidan, or another official?	jnee for the benefi	it of
_	No Yes			
Part 5	5: List Certain Gifts and Contribut	tions		
Ø	hin 2 years before you filed for bankrupt No Yes. Fill in the details for each gift.	cy, did you give any gifts with a total value of more than \$	600 per person?	
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift			\$
				\$
	Number Street			
	City State ZIP Code			
	Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
	per person		the gifts	
	Person to Whom You Gave the Gift			\$
				\$
	Number Street			
	City State ZIP Code			
	Person's relationship to you			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	rst Name Middle Name		ame	9-43403	
ithin 2 y	ears before you filed	for bankrupt	cy, did you give any gifts or contributions with a total valu	e of more than \$60	30 to any charity?
ĺΝο					
Yes. Fi	ill in the details for eac	ch gift or contri	ibution.		
	or contributions to char otal more than \$600	rities	Describe what you contributed	Date you contributed	Value
Charity's	s Name	<del></del>			\$
					\$
Number	Street				
City	State ZIP Code				
	0.0.0				
6: L	List Certain Losses	s			
	ribe the property you los the loss occurred	st and	Describe any Insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		st and	Include the amount that insurance has paid. List pending insurance		
how t	the loss occurred		Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
7: Li	ist Certain Paymer	nts or Trans for bankruptc bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	\$
how to	ist Certain Paymer year before you filed about seeking I	nts or Trans for bankruptc bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Interest of the second of the	loss	\$
how to	ist Certain Paymer	nts or Trans for bankruptc bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Interest of the second of the	nsfer any property our bankruptcy.  Date payment or	\$
in the following	ist Certain Paymer year before you filed about seeking I	nts or Trans for bankruptc bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	nsfer any property	\$to anyone
inow to the following the foll	ist Certain Paymer year before you filed is ulted about seeking in attorneys, bankrupto	nts or Trans for bankruptc bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	nsfer any property our bankruptcy.  Date payment or transfer was	\$to anyone
Vithin 1 you consucude and No Yes. F	ist Certain Payment year before you filed to suited about seeking I my attorneys, bankrupto fill in the details.  In Who Was Paid  er Street	nts or Trans for bankruptcy o cy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	nsfer any property our bankruptcy.  Date payment or transfer was	\$to anyone
No Yes. F	ist Certain Paymer year before you filed is ulted about seeking in ny attorneys, bankrupto Fill in the details.  In Who Was Paid er Street	nts or Trans for bankruptc bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	nsfer any property our bankruptcy.  Date payment or transfer was	\$to anyone
Vithin 1 y you consumed and Yes. F	ist Certain Payment year before you filed to suited about seeking I my attorneys, bankrupto fill in the details.  In Who Was Paid  er Street	nts or Trans for bankruptcy o cy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	nsfer any property our bankruptcy.  Date payment or transfer was	\$to anyone

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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	Morgan Lynne Bennett First Name Middle Name Last N	iame	Case number (if known) 19	<del>1-43453</del>	
-		Description and value of any property to	ansferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid				¢
	Number Street				g
					Ψ
	City State ZIP Code				
	Email or website address				
	Person Who Made the Payment, if Not You				
pro	hin 1 year before you filed for bankrupt mised to help you deal with your credit	ors or to make payments to your cree	your behalf pay or tran: litors?	sfer any property t	o anyone who
Dor	not include any payment or transfer that yo	ou listed on line 16.			
	Yes. Fill in the details.				
		Description and value of any property t	ransferred	Date payment or transfer was made	Amount of payme
	Person Who Was Paid				
	Number Street				\$
					\$
	City State ZIP Code				
tran Incli Do i	hin 2 years before you filed for bankrup seferred in the ordinary course of your ude both outright transfers and transfers or not include gifts and transfers that you have	business or financial affairs? nade as security (such as the granting o			
_	Yes. Fill in the details.	Description and value of property transferred	Describe any property or debts paid in exchai		Date transfer was made
	Yes. Fill in the details.  Person Who Received Transfer				Date transfer was made
					Date transfer was made
	Person Who Received Transfer				Date transfer was made
_	Person Who Received Transfer  Number Street				i Date transfer was made
_	Person Who Received Transfer  Number Street  City State ZIP Code				Date transfer was made
_	Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you				Date transfer was made
_	Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you  Person Who Received Transfer				Date transfer was made

ebtor 1	Morgan Lynne Bennett First Name Middle Name Last N	iame .	Case number (# lond	<sub>wn)</sub> 19-43453	
are a	in 10 years before you filed for bankrup a beneficiary? (These are often called as No Yes. Fill in the details.		ty to a self-settled trus	st or similar device of w	hich you
		Description and value of the prope	rty transferred		Date transfer was made
N	lame of trust				
o. With clos	List Gertain Financial Accounts ain 1 year before you filed for bankrupto ed, sold, moved, or transferred? ude checking, savings, money market, terage houses, pension funds, coopera	cy, were any financial accounts o	r instruments held in	your name, or for your	
	vo /es. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befor closing or transfer
	Name of Financial Institution	xxxx	Checking		\$
	Number Street		Savings  Money market		
	City State ZIP Code		☐ Brokerage ☐ Other		
	Name of Financial Institution	xxxx	☐ Checking ☐ Savings		\$
	Number Street		■ Money market ■ Brokerage		
	City State ZIP Code		Other		
seci		year before you filed for bankru	otcy, any safe deposit	box or other depositor	y for
<b>U</b> ,	Yes. Fill in the details.	Who else had access to it?	Describe ti	he contents	Do you stil have it?
	No. of Piece and American				☐ No ☐ Yes
	Name of Financial Institution	Name			
	Number Street	Number Street			
		717 0 4			

City

ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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☐ Yes. Fill in the details. Environmental law, if you know it Date of notice Governmental unit Governmental unit Name of site Number Street State ZIP Code State ZIP Code

City

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City

**Business Name** 

Number Street

State ZIP Code

State ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

**Employer Identification number** 

Dates business existed

From To \_\_\_\_

Do not include Social Security number or ITIN.

Describe the nature of the business

Name of accountant or bookkeeper

tor 1 Morgan Lynne Bennett	Ca	Case number (if known) 19-43453		
First Name Middle Name	Last Name			
	Describe the nature of the business	Employer Identification number		
Business Name	<del></del>	Do not include Social Security number or ITIN.		
		EIN:		
Number Street	Name of accountant or bookkeeper	Dates business existed		
	<del></del>	From To		
City State ZIP Cod	le ·			
nstitutions, creditors, or other parties		anyone about your business? Include all financial		
No Yes. Fill in the details below.				
2 165. I ili ili die details below.	Date issued			
	Data tasutu			
	<u> </u>			
Name	MM / DD / YYYY			
Number Street				
City State ZiP Coc	de			
t 12: Sign Below				
		and I deploye under penalty of periusy that the		
answers are true and correct. I under	rstand that making a false statement, concealli e can result in fines up to \$250,000, or impriso	s, and I declare under penalty of perjury that the ng property, or obtaining money or property by fraud nment for up to 20 years, or both.		
,	. /			
* IN ROLL	H ×			
Signature of Debtor 1	Signature of Debtor 2	<del></del>		
-	·			
Date 03/24/2019	Date			
Did you attach additional pages to You	our Statement of Financial Affairs for Individue	als Filing for Bankruptcy (Official Form 107)?		
<b>☑</b> No				
Yes				
Did you pay or agree to pay someon	e who is not an attorney to help you fill out bar	nkruptcy forms?		
Mo	• • • •			
Yes. Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).		